MAPLE LANE HEALTH CARE CENTER

N4231 STATE HWY 22

SHAWANO	54166	Phone: (715) 526-315	8	Ownership:	County
Operated from	1/1 To 12/31	Days of Operation	: 365	Highest Level License:	Skilled
Operate in Con	junction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and St	affed (12/31/05):	78	Title 18 (Medicare) Certified?	No
Total Licensed	Bed Capacity	(12/31/05):	78	Title 19 (Medicaid) Certified?	Yes
Number of Resid	dents on 12/31	./05:	67	Average Daily Census:	69

Age, Gender, and Primary Diagnosis	of Residents (12/	31/05)		Length of Stay (12/31/05)	%
Primary Diagnosis	% 	Age Groups 	* 	   Less Than 1 Year   1 - 4 Years	23.9
Developmental Disabilities	0.0	Under 65	16.4	More Than 4 Years	40.3
Mental Illness (Org./Psy)	58.2	65 - 74	17.9		
Mental Illness (Other)	20.9	75 - 84	34.3		100.0
Alcohol & Other Drug Abuse	0.0	85 - 94	28.4		
Para-, Quadra-, Hemiplegic	0.0	95 & Over	3.0	Full-Time Equivalent	
Cancer	0.0			Nursing Staff per 100 Resid	lents
Fractures	0.0	İ	100.0	(12/31/05)	
Cardiovascular	3.0	65 & Over	83.6		
Cerebrovascular	1.5			RNs	10.0
Diabetes	6.0	Gender	8	LPNs	11.9
Respiratory	0.0			Nursing Assistants,	
Other Medical Conditions	10.4	Male	32.8	Aides, & Orderlies	53.3
		Female	67.2		
	100.0	j			
		j	100.0		

## Method of Reimbursement

		edicare itle 18			Medicaid 'itle 19			Other			Private Pay	2		amily Care			anaged Care	L		
Level of Care	No.	%	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	6	10.7	137	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	6	9.0
Skilled Care	0	0.0	0	50	89.3	117	0	0.0	0	11	100.0	142	0	0.0	0	0	0.0	0	61	91.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende:	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		56	100.0		0	0.0		11	100.0		0	0.0		0	0.0		67	100.0

MAPLE LANE HEALTH CARE CENTER

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/05
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	8.3	Bathing	3.0		41.8	55.2	67
Other Nursing Homes	12.5	Dressing	10.4		53.7	35.8	67
Acute Care Hospitals	58.3	Transferring	38.8		38.8	22.4	67
Psych. HospMR/DD Facilities	12.5	Toilet Use	14.9		65.7	19.4	67
Rehabilitation Hospitals	0.0	Eating	49.3		16.4	34.3	67
Other Locations	0.0	******	******	*****	******	******	*****
Total Number of Admissions	24	Continence		용	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	4.5	Receiving Resp	iratory Care	16.4
Private Home/No Home Health	7.1	Occ/Freq. Incontine	nt of Bladder	70.1	Receiving Trac	heostomy Care	1.5
Private Home/With Home Health	3.6	Occ/Freq. Incontine	nt of Bowel	35.8	Receiving Suct	ioning	4.5
Other Nursing Homes	7.1	i -			Receiving Osto	my Care	7.5
Acute Care Hospitals	0.0	Mobility			Receiving Tube	-	6.0
Psych. HospMR/DD Facilities	3.6	Physically Restrain	ed	7.5	_	anically Altered Diets	
Rehabilitation Hospitals	0.0				, , , , , , , , , , , , , , , , , , ,		
Other Locations	3.6	Skin Care			Other Resident C	haracteristics	
Deaths	64.3	With Pressure Sores		6.0	Have Advance D	irectives	92.5
Total Number of Discharges		With Rashes		9.0	Medications		
(Including Deaths)	28			2.0	Receiving Psyc	hoactive Drugs	85.1

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

*************	******	*****	*****	*****	*****	*****	*****	*****	*****
		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	Gove	ernment	50	-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	88.5	90.7	0.97	86.9	1.02	86.0	1.03	88.1	1.00
Current Residents from In-County	76.1	76.4	1.00	73.2	1.04	74.9	1.02	77.6	0.98
Admissions from In-County, Still Residing	54.2	21.5	2.52	20.6	2.63	19.6	2.76	18.1	2.99
Admissions/Average Daily Census	34.8	123.0	0.28	123.3	0.28	139.3	0.25	162.3	0.21
Discharges/Average Daily Census	40.6	122.0	0.33	123.8	0.33	139.6	0.29	165.1	0.25
Discharges To Private Residence/Average Daily Census	4.3	57.8	0.08	53.9	0.08	64.3	0.07	74.8	0.06
Residents Receiving Skilled Care	100	96.0	1.04	96.4	1.04	96.4	1.04	92.1	1.09
Residents Aged 65 and Older	83.6	87.5	0.96	93.0	0.90	92.9	0.90	88.4	0.95
Title 19 (Medicaid) Funded Residents	83.6	67.2	1.24	69.6	1.20	69.8	1.20	65.3	1.28
Private Pay Funded Residents	16.4	18.9	0.87	20.3	0.81	19.0	0.87	20.2	0.81
Developmentally Disabled Residents	0.0	0.8	0.00	0.7	0.00	0.7	0.00	5.0	0.00
Mentally Ill Residents	79.1	43.7	1.81	37.2	2.13	34.7	2.28	32.9	2.41
General Medical Service Residents	10.4	18.0	0.58	19.6	0.53	21.9	0.48	22.8	0.46
Impaired ADL (Mean)	55.2	48.7	1.13	46.7	1.18	47.4	1.17	49.2	1.12
Psychological Problems	85.1	66.1	1.29	57.3	1.49	59.0	1.44	58.5	1.46
Nursing Care Required (Mean)	11.0	7.8	1.41	6.7	1.64	7.2	1.54	7.4	1.48